

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
7/15/2016	Cpl. Wendt	x		
10/01/16	Off. Smith	x		
5/1/2003	Off. Malicki	x		

Review Date: 04/08/17

M/V Crash 2017-03570

Officer: Off. S. Rosado #20

Squad #509

1.Classification I.

- The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently exercised.
- The employee was legally parked or standing.
- The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2.Classification II.

- The employee failed to exercise reasonable and due care.
- The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices.
procedures and/or general safety practices.
- In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a.



NORRIDGE POLICE DEPARTMENT
Employee Warning Notice



Name: Samuel Rosado Star #: 22 Date: April 13, 2017

TYPE OF VIOLATION				
<input type="checkbox"/> Attendance	<input type="checkbox"/> Carelessness	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Late Arrival/Early Quit	
<input type="checkbox"/> Failure to Follow Instructions	<input type="checkbox"/> Rudeness Towards Citizens	<input type="checkbox"/> Willful Damage to Equipment	<input type="checkbox"/> Personal Business While on Duty	
<input type="checkbox"/> Unsatisfactory Work Performance	<input type="checkbox"/> Violations of Policy/Procedure	<input checked="" type="checkbox"/> Motor Vehicle Crash	<input type="checkbox"/> Missing a Court Date	

Date of Violation: March 31, 2017 Time of Violation: 2235

DESCRIPTION OF VIOLATION:

On 3/31/2017 Officer Samuel Rosado was involved in a motor vehicle crash. The review of the crash by the accident review board classified the accident as 2a (The employee failed to exercise reasonable and due care.)

OFFICER'S STATEMENT:

☐ I agree with the above description ☐ I disagree with the above description

My reason is: _____

S. Rosado 22 4/18/17
Officer's Signature Star # Date

ACTION TAKEN	DATE	SUPERVISOR NAME & STAR
<input type="checkbox"/> Verbal Warning		
<input checked="" type="checkbox"/> Written Warning	04/13/17	NICHOLAS RICE N. Ric #102
<input type="checkbox"/> Disciplinary Write-up		

CONSEQUENCES IF VIOLATION OCCURS AGAIN;

For a second classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.

I have read and understand this warning; S. Rosado #22 4/18/17
Officer's Signature / Star# Date

Supervisor Issuing Warning: _____
Supervisor's Signature / Star # Date

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL	
1	-	-	1	1	2	16	-	1	-	1	-	99	9
U1	U2				U1	U2	U1	U2	U1	U2			

INVESTIGATING AGENCY: NORRIDGE P.D. DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☒ \$500 OR LESS ☐ \$501 - \$1,500 ☐ OVER \$1,500 TYPE OF REPORT: ☒ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED ☒ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash AGENCY CRASH REPORT NO. 2017 00003570 TRFW 7

ADDRESS NO. 4411 HIGHWAY or STREET NAME CUMBERLAND CITY NORRIDGE COUNTY COOK INTERSECTION RELATED ☐ Y ☒ N PRIVATE PROPERTY ☒ Y ☐ N HIT & RUN ☐ Y ☒ N DATE OF CRASH 3/31/17 TIME 5:18 AM LARS CODE 99 NO. LANES 1 ALGN 1 RSUR 2 VEHU 6

NAME ☒ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUUS ☐ NMV ☐ NOV DATE OF BIRTH 10/2/84 MAKE FORD MODEL TAURUS YEAR 2014 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 8 FRONT REAR TOWED DUE TO CRASH ☐ Y ☒ N FIRE ☐ CELLPHONE ☐ EXCEED SPEED LIMIT ☐ COM VEH ☒ * IF YES SEE SIDEBAR

STREET ADDRESS 2020 N OLCOTT CITY NORRIDGE STATE IL ZIP 60706 SEX M SAFT 2 AIR 4 INJURY 0 EJECT 1 VIN 1FAHP2MK6EG185973 VEHICLE OWNER (LAST, FIRST M.I.) VILLAGE OF NORRIDGE INSURANCE CO. LLOYDS LONDON TELEPHONE 708-453-0800 POLICY NO. BGA3C05403

TAKEN TO NONE EMS AGENCY NONE OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4000 N OLCOTT NORRIDGE IL 60706

NAME ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUUS ☒ NMV ☐ NOV DATE OF BIRTH 10/2/84 MAKE FORD MODEL TAURUS YEAR 2014 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 8 FRONT REAR TOWED DUE TO CRASH ☐ Y ☒ N FIRE ☐ CELLPHONE ☐ EXCEED SPEED LIMIT ☐ COM VEH ☒ * IF YES SEE SIDEBAR

STREET ADDRESS CITY STATE ZIP INJURY EJECT VIN VEHICLE OWNER (LAST, FIRST M.I.) INSURANCE CO. TELEPHONE POLICY NO.

TAKEN TO EMS AGENCY OWNER ADDRESS (STREET, CITY, STATE, ZIP) TELEPHONE POLICY NO.

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
		/ /								
		/ /								
		/ /								
		/ /								
		/ /								

U	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
1	1	<input checked="" type="checkbox"/>	42	5	BUTERA	WALL	PRIMARY 41	5	IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE
1	2	<input type="checkbox"/>			PROPERTY OWNER ADDRESS 4411 CUMBERLAND CITY NORRIDGE STATE IL ZIP 60706		SECONDARY		WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
1	3	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.		
2	1	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.		
2	2	<input type="checkbox"/>			OFFICER ID. 102 SIGNATURE N. Prii BEAT / DIST. 2 SUPERVISOR ID. Cmdr. Wame #403				
2	3	<input type="checkbox"/>							

DATE POLICE NOTIFIED 3/31/17 TIME NOTIFIED 5:18 AM COURT DATE 3/31/17 COURT TIME 5:18 AM

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U130289337

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.



INDICATE NORTH BY ARROW

ALLEY WAY

PARKING LOT

BUTERA
4411 CUMBERLAND

* NOT TO SCALE

MONTROSE

NARRATIVE (Refer to vehicle by Unit No.)

THE FOLLOWING WAS LEARNED FROM THE DRIVER OF UNIT #1: UNIT #1 WAS TRAVELING W/B THROUGH THE ALLEY WAY OF BUTERA, 4411 CUMBERLAND. DRIVER OF UNIT #1 (POLICE OFFICER) WAS IN THE PROCESS OF CHANGING HIS RADIO BATTERY WHEN IT SLIPPED OUT OF HIS HAND. WHILE DRIVER OF UNIT #1 ATTEMPTED TO GRAB THE BATTERY UNIT #1 VEERED TO THE LEFT CAUSING THE DRIVER'S SIDE WHEEL WELL AREA TO STRIKE THE NORTH WALL OF BUTERA CAUSING DAMAGE.

NO FMS NO TOW.

LOCAL USE ONLY

U1 Color **BLACK**

U2 Color

U1 Towed by / to

NONE

U2 Towed by / to

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

USDOT NO.

ILCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard

4-digit UN no.

1-digit Hazard Class no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

INST PERMIT NO.

WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96"

97-102"

>102"

TRAILER 1 ☐☐☐TRAILER 2 ☐☐☐

TRAILER LENGTH(S): 1

ft

TRAILER 2

ft

TOTAL VEHICLE LENGTH

ft

NO. OF AXLES

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION

CARGO BODY TYPE

LOAD TYPE